

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1547 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Deer Park</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Benjamin</u>	(Middle) <u>Franklin</u>	(Last) <u>Butler.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>9/27/1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No Occupation</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blind</u>	9. AGE last birthday <u>66</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Garrett County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>A</u>	
13. FATHER'S NAME <u>Allen Butler</u>		14. MOTHER'S MAIDEN NAME <u>Nora Perkins.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Walter Devers, Mt. Lake Park,</u>			

18. MEDICAL CERTIFICATION		MD.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Immediate cause</u> <u>Bilateral Broncho-Pneumonia</u>		<u>2 days</u>
(b) <u>Antecedent cause(s)</u> <u>Influenza</u>		<u>6 days</u>
(c) <u>Other significant conditions</u> <u>Blind (both eyes)</u>		
19a. DATE OF OPERATION		20. AUTOPSY?
19b. MAJOR FINDINGS OF OPERATION		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1951, to Feb. 5, 1951, that I last saw the deceased alive on Feb. 5, 1951, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

SIGNATURE Dr. J. B. Bollenbacher (Degree or title) ADDRESS Pleasant Valley Cem. Near Loch Lynn, Md. DATE SIGNED 2-7-1951

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF 2/7/1951 NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem. LOCATION (City, town, or county) (State) Near Loch Lynn, Md.

DATE REC'D BY LOCAL REG. 2-7-1951 REGISTRAR'S SIGNATURE Julia A. McLean 24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and OR give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) THERESA (Middle) MARIE (Last) COALSON	4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 6 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 9/25/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 74 yrs.
11. BIRTHPLACE (State or foreign country) WESTERNPORT, MARYLAND		12. CITIZEN OF WHAT COUNTRY? AMERICA	
13. FATHER'S NAME CONRAD NAU		14. MOTHER'S MAIDEN NAME THERESA HOFFMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS James A. Coalson, Mt. Lake Park, Md			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) Pulmonary Embolism

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis

(c)

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Stomachitis

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

#### 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Nov 1950, to Feb 6, 1951, that I last saw the deceased

alive on Feb 6, 1951, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 2/9/1951	NAME OF CEMETERY OR CREMATORY St Peters Cemetery	LOCATION (City, town, or county) Oakland, Md.	(State)
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DATE REC'D BY LOCAL REG. 2-9-51 REGISTRAR'S SIGNATURE J. A. Rawlins FUNERAL DIRECTOR W. B. Bolder ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
FEB 20 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

01867

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>Baltimore</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>mt. Lake Plc</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Risenursing Home</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Allegheny</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Spring Gap, Md.</u> TOWN STREET ADDRESS (If rural, give location) <u></u>	
3. NAME OF DECEASED (Type or Print) <u>JAMES A. DOLAN</u>		4. DATE OF DEATH <u>FEB 10 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Oct 14, 1868</u>
9. AGE last birthday <u>82</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Orchard Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Peach &amp; Apple Orchards</u>
11. BIRTHPLACE (State or foreign country) <u>Allegheny Co, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Lawrence Dolan</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Middleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Hafer Funeral Service, Cumberland, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

## Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Arterio-sclerotic cardiovascular disease, severe? years

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

no operationnoneYes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

## 22. PLACE (Home, farm, factory, street, or office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Jan, 1951, to 9 Feb, 1951, that I last saw the deceasedalive on 9 Feb, 1951, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Thomas P. Lushy M.D. Oakland, Md.10 Feb 51

## 23. BURIAL, CREMATION REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

2-14-1951Feb 14, 1951Oldtown cemeteryOldtown, MdJohn J. Hofer, Cumberland, Md.

100105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

*Hofer*  
*Cumtuchland*



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1549/162

1. PLACE OF DEATH- COUNTY <u>Garett</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Grantsville</u>		LENGTH OF STAY (in this place) <u>Three years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Grantsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First) <u>Patrick</u>	(Middle) <u>--</u>	(Last) <u>Durst</u>	4. DATE (Month) (Day) (Year) OF DEATH <u>February 7 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-8-1869</u>	9. AGE last birthday <u>81</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Rural Jennings Garrett Co</u>	
13. FATHER'S NAME <u>William Durst</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Mimmie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mrs Flossie Bittinger* Grantsville Md</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 y 10</u>	
Immediate cause (a) <u>Cerebral Hemorrhage</u>							
Antecedent cause(s) (b) <u>Arteriosclerosis</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>49</u> , to <u>Feb 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>51</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>M. R. Davis M.D.</u>				ADDRESS <u>Grantsville Md</u>		DATE SIGNED <u>Feb-8-1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2-9-1951</u>		<u>Durst Cemetery</u>		<u>Rural Grantsville Md</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>Feb-8-1951</u>		<u>Ethel Broadwater</u>		<u>Wm Winturky</u>		<u>Grantsville Md</u>	

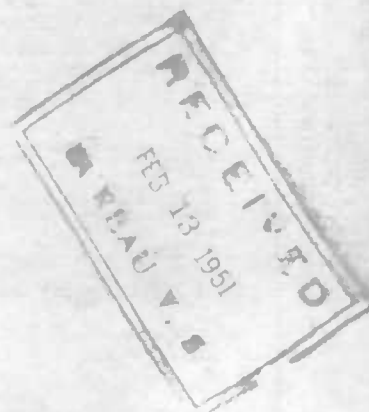
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

290116







## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1550 161 166

1. PLACE OF DEATH- COUNTY <b>Garrett</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland.</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Friendsville.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Friendsville</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>William</b>	(Middle) <b>Victor</b>	(Last) <b>Frazer</b>
4. DATE OF DEATH	(Month) <b>Feb.</b>	(Day) <b>20th.</b>	(Year) <b>1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>4/6/1896</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer + operated a grade</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	9. AGE last birthday <b>54</b> yrs.
11. BIRTHPLACE (State or foreign country) <b>Nr. Sang Run Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Frazer</b>		14. MOTHER'S MAIDEN NAME <b>Ora Frazer Thomas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. <b>218-16-2766</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Jesse Frazer, Friendsville, Md.</b>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <b>Carcinoma stomach</b>		<b>1 year</b>
Antecedent cause(s)	(b) _____		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 17**, 19**49**, to **Feb 20**, 19**51**, that I last saw the deceased alive on **Jan. 27**, 19**51**, and that death occurred at **11:45** a.m., from the causes and on the date stated above.

SIGNATURE <b>A E. Name</b>	DATE <b>2/23/1951</b>	NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	LOCATION (City, town, or county) (State) <b>Oakland, Md.</b>
DATE REC'D BY LOCAL REG <b>2/22/1951</b>	REGISTRAR'S SIGNATURE <b>Mr. Katherine Lipe</b>	24. FUNERAL DIRECTOR <b>Emory D. Bolden, Oakland, Md.</b>	ADDRESS <b>690116</b>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Copy - Original must have been made in front of me

RECEIVED  
MAY 25 1951  
U.S. AIR FORCE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition  
of 7 & change in 9  
shown on:

FILE NO. G 130 FEB 9 1951

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1551

## CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Friendsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Friendsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>Basil</u> (Middle) <u>Garletts</u> (Last) <u>Garletts</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>2</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/11/1858</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	9. AGE last birthday <u>92</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Henry Garletts</u>		14. MOTHER'S MAIDEN NAME <u>Lavina Friend</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Lola Garletts</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
Immediate cause (a) <u>Chronic Myocarditis</u>			
Antecedent cause(s) (b) <u>422.2</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>93d</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March 20, 1948, to Feb 2, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>2/4/51</u>		<u>Ursina Cemetery</u>	<u>Ursina</u>	<u>Pa.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 3-1951</u>		REGISTRAR'S SIGNATURE <u>Kathryn Fike</u>	24. FUNERAL DIRECTOR <u>Emroy &amp; Bolden Oakland</u>		

970000 md

RECEIVED  
FEB 6 1951  
BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1552 166

1. PLACE OF DEATH COUNTY <b>GARRETT</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b> COUNTY <b>GARRETT</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>OAKLAND</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>GORMANIA (POST OFFICE)</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>GARRETT COUNTY MEMORIAL HOSP.</b>		STREET ADDRESS <b>ROUTE # 1</b>	
3. NAME OF DECEASED (Type or Print) <b>WILLIAM F. GRUBB</b>		4. DATE OF DEATH (Month) <b>FEBRUARY</b> (Day) <b>3</b> (Year) <b>1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7/13/1880</b>
9. AGE last birthday <b>71</b> YRS.		10. AGE last birthday If under 1 year: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WOODSMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TIMBER</b>	
11. BIRTHPLACE (State or foreign country) <b>COLUMBIA FURNACE, PENNSYLVANIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>ISAAC GRUBB</b>		14. MOTHER'S MAIDEN NAME <b>ELLEN MILLER</b>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT <b>IDA JANE GRUBB - WIFE - RT. # 1, GORMANIA W. VA.</b>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <b>Terminal Pneumonia</b>		<b>3 Days</b>	
Antecedent cause(s) (b) <b>Uremia</b>		<b>2 wks</b>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <b>Prostatic Hypertrophy</b>		<b>2 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 30, 1951** to **Feb. 3, 1951**, that I last saw the deceased alive on **Feb. 3, 1951**, and that death occurred at **11:23 p.m.** from the causes and on the date stated above.

SIGNATURE <b>E. J. Mann</b>		ADDRESS <b>Oakland Md</b>		DATE SIGNED <b>4-7-57</b>	
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE <b>2/6/1951</b>		NAME OF CEMETERY OR CREMATORY <b>Pope Cemetery</b>	
LOCATION (City, town, or county) <b>near Gorman, Md.</b>		24. FUNERAL DIRECTOR <b>Julius A. Rawenherst</b>		ADDRESS <b>C. Reighton Oakland, Md.</b>	
DATE REC'D BY LOCAL REG. <b>2-6-1951</b>		REGISTRAR'S SIGNATURE			

950306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 1553

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

<b>1. PLACE OF STILLBIRTH</b> County <u>GARRETT</u> <u>MARYLAND</u> City or Town (If outside city or town limits write "RURAL" and nearest town) <u>OAKLAND</u> Street address, hospital or institution <u>GARRETT COUNTY MEMORIAL HOSPITAL</u> Length of mother's stay in this County (Give years, or months or days) _____				<b>2. USUAL RESIDENCE OF MOTHER</b> State <u>WEST VIRGINIA</u> County <u>PRESTON</u> City or Town (If outside city or town limits write "RURAL" and nearest town) <u>ROUTE #3, BOX 30</u> Street Address <u>TERRA ALTA</u>			
(First) (Middle) (Last)							
<b>3. CHILD'S NAME</b> <u>BAEY</u> <u>GIRL</u> <u>HOLLIS</u>							
<b>4. Sex</b> <u>FEMALE</u>		<b>5. Twin or other</b> <u>OTHER</u>		<b>6. DATE OF BIRTH</b> (Month, WRITE OUT) (Day) (Year) <u>FEBRUARY 22 19 51</u>			
<b>FATHER OF CHILD</b> 7. Full name <u>James Clinton Hollis</u> 8. Color or race <u>WHITE</u> 9. Age (at time of this birth) <u>24</u> yrs. 10. Birthplace (State or foreign country) <u>W.VA.</u> 11. Usual occupation <u>BILL POSTER</u> 12. Color or race <u>WHITE</u>							
<b>MOTHER OF CHILD</b> 12. Full maiden name <u>RAYMONA IONA FORD</u> 13. Number of OTHER children born to mother (Do NOT include this child) 14. Age (at time of this birth) <u>22</u> yrs. 15. Birthplace (State or foreign country) <u>W.VA.</u> 16. Now living <u>776x</u> Born alive but now dead <u>159</u> Born dead _____ Total Children (Not including this child) _____							
17. Length of pregnancy: <u>20</u> weeks Weight of child at birth: _____ lbs. oz. 18. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) (a) Fetal causes _____ (b) Maternal causes _____							
19. State any complications of pregnancy and labor _____ 20. State all operations for delivery _____							
Burial, (Specify) _____ Date _____ Cremation, <u>Remove &amp; Burial</u> Removal, <u>Burial</u> Cemetery or Crematory: <u>Terra Alta Cemetery</u> Location <u>Terra Alta, W.V.</u> Funeral Director <u>William A. Rowan</u>				21. I hereby certify that this child was born dead on the date stated above at _____ m. Signature <u>John B. Harley, M.D.</u> Physician <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/> Address <u>Terra Alta, W.Va.</u> Date signed _____			
Date rec'd by local Reg. Registrar's signature <u>Feb. 23/51</u> If NOT attended by physician _____				"The above certificate has been examined by me." Health Officer, per _____			

Infants heart beat for about 20 minutes.

V.S. A10





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Oakland</b> TOWN <b>Oakland</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Alder Street</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Oakland</b> TOWN <b>Oakland</b> STREET ADDRESS (If rural, give location) <b>Alder Street</b>	
3. NAME OF DECEASED (First) <b>Olivia</b> (Middle) <b>Bennett</b> (Last) <b>(Button) Mitchell</b>		4. DATE OF DEATH (Month) <b>February</b> (Day) <b>7</b> (Year) <b>51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3/2/1867</b>
9. AGE last birthday <b>83</b> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR OCCUPATION <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. FATHER'S NAME <b>Elijah J. Button</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth L. Phelps</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>-----</b>	
17. INFORMANT AND ADDRESS <b>Mrs. S. T. Naylor</b>		<b>Oakland, Md.</b>	

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>
(a) <b>Chronic Myocarditis</b>		
(b) <b>Immediate cause</b> <b>422.2 Antecedent cause(s)</b> <b>93d Disease or conditions, if any, giving rise to the above cause stating the underlying cause last</b>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March**, 19**45**, to **Feb 7**, 19**51**, that I last saw the deceased alive on **Feb 6**, 19**51**, and that death occurred at **4:10 A.** m., from the causes and on the date stated above.

SIGNATURE **E. J. Baumgartner M.D.** (Degree or title) ADDRESS **Oakland Md** DATE SIGNED **2/8/51**

23. BURIAL, CREMATION OR REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>2/10/1951</b>	NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	LOCATION (City, town, or county) (State) <b>Oakland, Md.</b>
DATE REC'D BY LOCAL REG. <b>2/10/51</b>	REGISTRAR'S SIGNATURE <b>Julia A. Harwood</b>	24. FUNERAL DIRECTOR <b>Herbert C. Reighton</b>	ADDRESS <b>Oakland, Md.</b>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <b>Garrett</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <b>Red Oak</b>	
3. NAME OF DECEASED (Type or Print) <b>James Edgar Prather</b>		4. DATE OF DEATH (Month) <b>Feb.</b> (Day) <b>8</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 11 1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <b>79</b> yrs.
13. FATHER'S NAME <b>Charles Prather</b>		14. MOTHER'S MAIDEN NAME <b>Josephine Custard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY No. <b>none</b>	
17. INFORMANT <b>Mrs. Birtha Prather</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause (a) _____		<b>Aricular fibrillation</b> <b>Arteriosclerotic heart disease</b> <b>Acute cold with marked bronchitis &amp; pleurisy</b>	<b>2 weeks</b> <b>5 years</b> <b>2 weeks</b>
Antecedent cause(s) (b) _____			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12/15, 1950, to 12/8, 1951, that I last saw the deceased alive on 2/15, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

SIGNATURE Harold C. Miller, M.D. (Degree or title) ADDRESS Bgton, W. Va. DATE SIGNED 2/12/51

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE <b>Feb. 11 1951</b>	NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	LOCATION (City, town, or county) <b>Garrett</b>	(State) <b>Md.</b>
DATE REC'D BY LOCAL REG. <b>2-11-1951</b>	REGISTRAR'S SIGNATURE <b>Julia A. Rowan</b>	24. FUNERAL DIRECTOR <b>Wayne C. Spiggle - Danis Wra</b>		

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
FEB 20 1951  
BUREAU P. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1556 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Hutton</u> <u>Maryland</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hutton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hutton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Charles Arthur Clinton Roy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/17/1951</u> 19 <u>51</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>2/17/1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. <u>7</u> Months <u>7</u> Days <u>7</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Hutton Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Charles Roy</u>		14. MOTHER'S MAIDEN NAME <u>Carrie Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Russell O. Weaver</u>			

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pre mature Birth about 8 months</u>		
Antecedent cause(s) (b) <u>Baby lived about 4 hours</u>		
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Has had 4 premature Births</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 19 51, to 2-17-51, 19 51, that I last saw the deceased alive on 2-17-51, 19 51, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE Richard E. Ball M.D. ADDRESS Oakland DATE SIGNED Garfett Md

23. BY RURAL CREMATION, REMOVAL (Specify) Buried DATE THEREOF 2-19-51 NAME OF CEMETERY OR CREMATORY Kimmell Cemetery LOCATION (City, town, or county) (State) Near Oakland, Md R.I

DATE REC'D BY LOCAL REG. 2-19-51 REGISTRAR'S SIGNATURE Julia Brown 24. FUNERAL DIRECTOR Emory D. Bolden, Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

10217125535V

RECEIVED  
FEB 21 1951  
BUREAU



# MARYLAND STATE DEPARTMENT OF HEALTH

1557

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 167

Evidence for addition  
of 21 shown on;

MM No. G 131 FEB 26 1951

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE WEST VIRGINIA COUNTY Tucker	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett C. Memorial Hospital		STREET ADDRESS ROUTE #2	
3. NAME OF DECEASED (First) CHARLES (Middle) ROY (Last) SLAUBAUGH		4. DATE OF DEATH (Month) FEBRUARY (Day) 2 (Year) 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH June 20, 1946
9. AGE last birthday 4 yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Egleston, W. Va.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME DARRELL LEOTIS SLAUBAUGH		14. MOTHER'S MAIDEN NAME BERNICE DEAN BECKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY No. NONE	
17. INFORMANT AND ADDRESS (FATHER) DARRELL L. SLAUBAUGH RT 2 OAKLAND, MD.			

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause  
Antecedent cause(s)  
181 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Burns, 10, 20 + 30 ft  
FACE, SCALP, ARMS AND HANDS

INTERVAL BETWEEN ONSET AND DEATH  
16 Hours

#### 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)  
SUICIDE accident OF INJURY Home

TIME (Month) (Day) (Year) (Hour)  
OF INJURY 2-1-51 1 p m.

HOW DID INJURY OCCUR? Explosion and fire.  
Can of gasoline accidentally upset by child.  
(2-21-51 - ams)

22. I hereby certify that I attended the deceased from 2-1-51, 1951, to 2-2-51, 1951, that I last saw the deceased

alive on 2-2-51, 1951, and that death occurred at 3:35 a.m., from the causes and on the date stated above.  
SIGNATURE James H. Jester Jr. M.D. OAKLAND, Md. DATE SIGNED 2-2-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  
Burial Feb. 4, 1951 Gnegy Church Cemetery Gnegy Church Md.  
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2/2/51 Etmer C Shaffer 24. FUNERAL DIRECTOR ADDRESS Wayne C. Spiggle 1400 W. 2nd St. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition  
of 21 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1558

## CERTIFICATE OF DEATH

Reg. Dist. No. 167

FILM No. G 131 FEB 26 1951

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE WEST VIRGINIA COUNTY TUCKER	
CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OAKLAND	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS ROUTE #2	
3. NAME OF DECEASED (Type or Print)	(First) MARCHA (Middle) DEAN (Last) SLAUBAUGH	4. DATE OF DEATH (Month) FEBRUARY (Day) 2 (Year) 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH MARCH 1, 1948
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Egleon, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME DARRELL LEOTIS SLAUBAUGH		14. MOTHER'S MAIDEN NAME BERNICE DEAN BECKMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT AND ADDRESS (FATHER) DARRELL L. SLAUBAUGH RT. 2 OAKLAND, MD.			

### 18. MEDICAL CERTIFICATION

#### 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

##### Immediate cause

(a) BURNS 10, 20 & 30% of FACE

##### Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) AND HANDS

(c)

#### 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE HOMICIDE Accident PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home

TIME (Month) (Day) (Year) (Hour) OF INJURY 2-1-51 1 p. m. INJURY OCCURRED While at Work Not While At work

(CITY OR TOWN) Rt 2, Oakland, Md. (COUNTY) W. Va. (STATE)

HOW DID INJURY OCCUR? Explosion and fire.

Can of gasoline accidentally upset by child.

22. I hereby certify that I attended the deceased from 2-1, 1951, to 2-2, 1951, that I last saw the deceased

alive on 2-2, 1951, and that death occurred at 7:28 a. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 4, 1951

NAME OF CEMETERY OR CREMATORY Gnegy Church Cemetery

LOCATION (City, town, or county) Gnegy Church, Md.

(State)

DATE REC'D BY LOCAL REG. 2/4/51

REGISTRAR'S SIGNATURE Elmer C. Shaffer

24. FUNERAL DIRECTOR Wayne C. Spiggle

ADDRESS Davis W. Va.

RECEIVED  
FEB 8 1951  
BUREAU V.S.

Evidence for addition  
of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILE No. G 132 APR 13 1951 FOR MEDICAL EXAMINERS

Reg. Dist. No.

1559

166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Vindex</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>Franklin</u> (Last) <u>Stewart</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 25 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/17/1917</u>
9. AGE last birthday <u>34</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Vindex, Maryland</u>	
11. BIRTHPLACE (State or foreign country) <u>Vindex, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Stewart Francis Jesse</u>		14. MOTHER'S MAIDEN NAME <u>Trout Ada</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>013-01-4067</u>	
17. INFORMANT <u>Wanda Stewart - Wife - Vindex, Md.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(e)

Fracture Basal Portion of Skull

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

Fracture Mandible

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY <u>Md. Route 135</u>	(CITY OR TOWN) <u>near Swanton</u>	(COUNTY) <u>Md</u>	(STATE) <u>Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>2/24/51</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>driver lost control of car &amp; ran into electric pole</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Feb. 28, 1951</u>	<u>Neithken Hill Cem.</u>	<u>Elk-Garden</u>	<u>W. Va.</u>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Feb. 27/51</u>	<u>William H. Lewis</u>	<u>L.S. Boal</u>	<u>111 Church St.</u>

650216 Westernport, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

MAR 12 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1560 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>Oakland</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> <u>Garrett</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Richard</u> (Middle) <u>Tasker</u> (Last)	4. DATE OF DEATH	(Month) <u>2/6/1951</u> (Day) <u>19</u> (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>1/25/1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming &amp; Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owned a Farm</u>	9. AGE last birthday <u>82</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Garrett County, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Solomon Tasker</u>		14. MOTHER'S MAIDEN NAME <u>Elmira Bray.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Harry Hinebaugh, Oakland, Md</u>			

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) <u>Cardiac Failure and Disruption</u>	<u>3 mch</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last	(b) <u>Cerebro-Vascular Accident</u>	<u>3 mch</u>
	(c) <u>Senility - Generalized Atherosclerosis</u>	<u>Year</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1949, to 2-4, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 4:40 A. from the causes and on the date stated above.

SIGNATURE James H. Smith Jr. M.D. (Degree or title) ADDRESS 58 2nd St. Oakland, Md DATE SIGNED 2-7-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>2/9/1951</u>	<u>Short Run Cemetery</u>	<u>Near Kitzmiller, Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>2-9-1951</u>	<u>Julius A. Brown</u>	<u>Thurmond D. Bolden</u>	<u>Oakland, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Feaster 290116





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. *1501*

1. PLACE OF DEATH- COUNTY <b>GARRETT</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>MARYLAND</b> COUNTY <b>GARRETT</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>OAKLAND</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>MT. LAKE PARK</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>GARRETT COUNTY MEMORIAL HOSPITAL</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>JUDITH KAY TURNEY</b>		4. DATE OF DEATH (Month) <b>FEBRUARY</b> (Day) <b>17</b> (Year) <b>1951</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>August 1, '50</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. <b>6</b> Months <b>17</b> Days <b>17</b>
11. BIRTHPLACE (State or foreign country) <b>MT. LAKE PARK, MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>TURNEY FOSTER J.</b>		14. MOTHER'S MAIDEN NAME <b>HACKER, JEANETTE EVA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>NONE</b>	
17. INFORMANT AND ADDRESS <b>FOSTER J. TURNEY MT. LAKE PARK, MARYLAND</b>			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

57110 Immediate cause (a) *Infectious Mononucleosis*  
Antecedent cause(s) (b) *119a*  
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH  
*2 days*

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Aug. 1*, 19*50*, to *Feb. 18*, 19*51*, that I last saw the deceased alive on *Feb. 18*, 19*51*, and that death occurred at *12:22 P.m.*, from the causes and on the date stated above.

SIGNATURE *A. E. Mance* (Degree or title) *MD* ADDRESS *Oakland* DATE SIGNED *20 Feb 51*

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>2/20/1951</b>	NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	LOCATION (City, town, or county) (State) <b>Oakland, Md.</b>
DATE REC'D BY LOCAL REG. <i>2/20/51</i>	REGISTRAR'S SIGNATURE <i>Julia C. Brown</i>	24. FUNERAL DIRECTOR <i>Herbert C. Leighton</i> ADDRESS <b>Oakland, Md.</b>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

